

PATENT COOPERATION TREATY

PCT

NOTIFICATION OF THE RECORDING OF A CHANGE

(PCT Rule 92bis.1 and
Administrative Instructions, Section 422)

From the INTERNATIONAL BUREAU

To:

STRÖM & GULLIKSSON IP AB
Sjöporten 4
S-417 64 Göteborg
Sweden

ANKOM

2003-03-14

Ström & Gulliksson IP AB

CA

Date of mailing (day/month/year) 03 March 2003 (03.03.03)	IMPORTANT NOTIFICATION
Applicant's or agent's file reference PD53450PC00/CA	
International application No. PCT/SE02/00443	International filing date (day/month/year) 11 March 2002 (11.03.02)

1. The following indications appeared on record concerning:

☒ the applicant ☒ the inventor ☐ the agent ☐ the common representative

Name and Address 1, BÄCKBALL Jan-Erling 2, SÖDERKVIST, Peter	State of Nationality **	State of Residence SE
	Telephone No.	
	Facsimile No.	
	Teleprinter No.	

2. The International Bureau hereby notifies the applicant that the following change has been recorded concerning:

☒ the person ☒ the name ☒ the address ☐ the nationality ☐ the residence

Name and Address HAGSTRÖM, Tomas Svartmåka Gård S-590 41 Rimforsa Sweden	State of Nationality SE	State of Residence SE
	Telephone No.	
	Facsimile No.	
	Teleprinter No.	

3. Further observations, if necessary:

Applicants/inventors in Box 1 have assigned all their rights to applicant/inventor in Box 2.

4. A copy of this notification has been sent to:

☒ the receiving Office ☐ the designated Offices concerned
☐ the International Searching Authority ☒ the elected Offices concerned
☒ the International Preliminary Examining Authority ☐ other:

The International Bureau of WIPO 34, chemin des Colombettes 1211 Genève 20, Switzerland	Authorized officer Sun LEE
Facsimile No. (41-22) 740.14.35	Telephone No. (41-22) 338 8710

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Name and Address: 	State of Nationality	State of Residence
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	Facsimile No.	
	Teleprinter No.	

2. The International Bureau hereby notifies the applicant that the following change has been recorded concerning:

☐ the person
 ☐ the name
 ☐ the address
 ☐ the nationality
 ☐ the residence

Name and Address SÖDERKVIST, Peter Lindengatan 39 S-582 53 Linköping Sweden	State of Nationality	State of Residence
	Telephone No.	
	Facsimile No.	
	Teleprinter No.	

3. Further observations, if necessary:

Additional applicant/inventor for all designated States. Please provide the IB with the nationality of the applicant.

4. A copy of this notification has been sent to:

☒ the receiving Office
 ☐ the designated Offices concerned
☐ the International Searching Authority
 ☒ the elected Offices concerned
☒ the International Preliminary Examining Authority
 ☐ other:

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1. The following indications appeared on record concerning: <input checked="" type="checkbox"/> the applicant <input checked="" type="checkbox"/> the inventor <input type="checkbox"/> the agent <input type="checkbox"/> the common representative		
Name and Address <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	State of Nationality <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	State of Residence <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
	Telephone No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	Facsimile No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	Teleprinter No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
2. The International Bureau hereby notifies the applicant that the following change has been recorded concerning: <input type="checkbox"/> the person <input type="checkbox"/> the name <input type="checkbox"/> the address <input type="checkbox"/> the nationality <input type="checkbox"/> the residence		
Name and Address BÄCKVALL, Jan-Erling Egils väg 2 S-182 78 Stockund Sweden	State of Nationality **	State of Residence SE
	Telephone No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	Facsimile No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
	Teleprinter No. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
3. Further observations, if necessary: Additional applicant/inventor for all designated States. Please provide the IB with the nationality of the applicant.		
4. A copy of this notification has been sent to: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> the receiving Office <input type="checkbox"/> the International Searching Authority <input checked="" type="checkbox"/> the International Preliminary Examining Authority </div> <div style="width: 45%;"> <input type="checkbox"/> the designated Offices concerned <input checked="" type="checkbox"/> the elected Offices concerned <input type="checkbox"/> other: </div> </div>		

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